

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
SERVICE AREA 8 ADMINISTRATION**

**QUALITY ASSURANCE/QUALITY IMPROVEMENT  
(QA/QI) COMMITTEE**

**AGENDA**

**October 16, 2013  
2:00 – 4:00 p.m.  
Stars Behavioral Health Group  
1501 Hughes Way, Ste 150  
Long Beach, CA 90810**

**QUALITY IMPROVEMENT (QI) MEETING  
2:00 – 3:00 p.m.**

**Co-chairs:** Emily Ramos, LCSW, Misty Aronoff, MFT, and Michele Munde, LCSW  
**SA 8 liaison:** Ann Lee, Ph.D.  
**QI Division Lead:** Tim Beyer, Ph.D.

3:00-3:10	<b>Welcome/Introductions</b>
3:10	<b>Minutes</b> – June and July minutes will be sent to members via email upon completion.
3:10-4:00	<b>PRO Presentation – Martin Hernandez</b> <ul style="list-style-type: none"><li>○ NOA-E</li><li>○ NOA-A</li><li>○ Grievance forms</li><li>○ Beneficiary handbook</li></ul>
<b>Announcements:</b> <ul style="list-style-type: none"><li>○ <b>QI Division Monthly Meeting:</b> No meeting held this month. The next one will be on November 4<sup>th</sup>.</li><li>○ <b>Service Area 8 Outcome Data Workgroup</b> –The next meeting will be held on Tuesday, October 29<sup>th</sup> from 1:30-4:30pm at ChildNet.</li><li>○ <b>Cultural Competency Committee (CCC) Report</b><ul style="list-style-type: none"><li>- Next meeting - Wed, November 13, 2013, 1:30-3:30 p.m., 550 Vermont, 10<sup>th</sup> fl conf rm.</li><li>- The family and spirituality recommendations subcommittee will meet from 12:30-1:30 p.m. before the CCC. Meeting location will either be at the 550 or 695 Bldgs.</li></ul></li></ul>	

**Next Meeting Info:  
November 20, 2013  
2:00-3:00 p.m.  
Star View Corporate Office  
1501 Hughes Way, Ste 150  
Long Beach, CA 90810**

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SERVICE AREA 8 ADMINISTRATION  
QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, October 16, 2013**

Type of Meeting	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee	Date	October 16, 2013
Location	Star View, 1501 Hughes Way, Long Beach, CA 90810	Start Time & End Time	2:00 p.m. – 4:00 p.m.
Co-chairs	Co-Chairs: Misty Aronoff, MFT (Alma), Michele Munde, L.C.S.W. (Star View), Emily Ramos, L.C.S.W. (Long Beach)		
DMH Representatives	SA 8 QI/QA Liaison: Ann Lee, Ph.D./ Karina Wagner	QI Division Lead: Tim Beyer, Ph.D.	QA Division Lead: Lori Dobbs, Psy.D.
Program Review Joel Solis			
Members Present by Provider Name			
1736 FCC Nancy Lomibao	CHILDREN'S BUREAU Cristina Nolf	EL DORADO	LONG BEACH ADULT Emily Ramos
AADAP Jeanette Bernabe	CII Marcela Diones	EXODUS	SHIELDS FOR FAMILIES Vynette Moore Jaime Sheehan
ALAFIA Jacklyn Sagun	CITY OF GARDENA Kathy A. Mills-Walker	FOR THE CHILD Sandra Gaia-Rae	SOUTH BAY CHILDRENS HEALTH CENTER Christine Byrne Rachel Green
ALMA Misty Aronoff	COASTAL APIF/MHC Helen Chang	HARBOR-UCLA Dora Anderson	THE GUIDANCE CENTER Dawn Vo-Jutabha
BAYFRONT Lorna Pham	COUNSELING 4 KIDS Julio Cisnero	HARBOR VIEW/Genesis Laura Villa	TIES FOR FAMILIES Dolores Spielman
CCAF Theodore Howlett Virginia Howlett	CRITTENTON Marcella Briceno	HEALTHVIEW	SSG/OTTP Debra DeLeon
CHILDNET Leeann Ekstrom	DID HIRSCH	HERITAGE CLINIC	SPECIALIZED FOSTER CARE
Guest Speakers:	DMH Patient's Rights Office – Martin Hernandez Auditor Controller – Nina Johnson, Sukeda Day	PACS Deanna Park	STAR VIEW Michele Munde
		SAN PEDRO MHC	TARZANA Venus Jew



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Review of Minutes	The May, June, and July 2013 minutes will be sent to the committee upon completion. Minutes are backlogged.			
Call to Order & Introductions	The meeting was called to order at 2:00 p.m. Members were introduced.			
QUALITY IMPROVEMENT (QI)				
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date	
Patients Rights Office (PRO) Presentation- Martin Hernandez, DMH Patients Rights Office	Martin Hernandez presented about the NOA-E, NOA-A, Grievance Forms, Beneficiary Handbook, and DMH Policies and Procedures. He provided a packet of handouts regarding the PRO Beneficiary Services Program and related policies. (see attached notes from the presentation)	Members can contact Martin Hernandez if they have any additional questions at (213) 738-4835 or <a href="mailto:mhernandez@dmh.lacounty.gov">mhernandez@dmh.lacounty.gov</a>		
Announcements	The next meeting will be held on November 20 <sup>th</sup> at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.			
QI Handouts	<ul style="list-style-type: none"><li>➤ QI Agenda</li><li>➤ Minutes from September 18, 2013</li><li>➤ PRO packet</li></ul>			

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QUALITY ASSURANCE (QA)			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
<b>Auditor-Controller Presentation</b> Nina Johnson & Sukeda Day, Countywide Contract Monitoring Division, Los Angeles County Auditor Controller	Nina Johnson and Sukeda Day provided a DMH Contract Compliance training. See attached handout.		
<b>QA HANDOUTS</b>	<ul style="list-style-type: none"> <li>➤ QA Agenda</li> <li>➤ QA Bulletin 13-05: Authorized Registered Nurses</li> <li>➤ DMH Contract Compliance Training for DMH Staff &amp; Contract Providers</li> </ul>		
<b>Next Meeting</b>	The next meeting will be held on November 20, 2013 from 2-4 p.m. at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.		

Minutes Recorded by:

*Ann Lee PhD*

Ann Lee, Ph.D./DMH SA 8 Administration

Minutes Approved by:

*Emily Ramos*

Emily Ramos, L.C.S.W., DMH Co-chair



## SA QA/QI Committee Meeting

10/16/2013

### Patients' Rights Office Presentation Transcript

**Patients' Rights Office** – Martin Hernandez provided copies of four DMH policies and discussed key points.

**Beneficiary Problem Resolution Process for Grievances and Appeals:** This policy explains the process of grievances and appeals. When a grievance comes to Patients' Rights office (PRO), an advocate is assigned, and the program manager or District Chief (DC) is contacted. PRO asks for permission to review the chart for notes, financial issues, etc. At the end of investigation the program manager gets a report.

**DMH Policy & Procedure 202.30: Mutual and Unilateral Termination of Mental Health Services:**

If an agency is going to unilaterally terminate a consumer (without the wish of the consumer), please contact PRO right away. This will make the process easier for the provider; also it ensures that the consumer is being linked with the continuation of care even if they're being terminated from one agency to another. It's important they're not being dropped. There has to be consistent continuation for the consumer. If PRO was involved since the beginning of the process, consumers won't end up at a hospital for the lack of treatment while they're being transferred.

Q:/ What if you have difficulty engaging the client, you send a letter saying I've been trying to contact you regarding your treatment?

A:/ Yes, and you can always add to the letter contact patient's rights regarding your services at this agency, so they know we are involved.

Get PRO involved at the beginning. Let the office of Patients' Rights deal with the emotional part of the transfer.

When someone gets unilateral terminated, they can file an appeal with PRO, and if PRO has been involved since the beginning, they won't have to go back to do an investigation, they'll just check in their files to see if the agency followed protocol, and if they did, the Patients' Rights representative will then go on and just write that on the report to the state. The State can always ask if PRO was involved or not.

**DMH P&P 200.02: Request for Change of Provider:**

When someone requests a change of provider, make sure there is something in writing. Consumer has the right to have a response within 10 days of the request. They have to have either a verbal response or a response in writing depending on what kind of response they asked for on the form.

Q:/ Is it only for internal or external use?

A:/ For change of provider or service provider. Service provider is for example the therapist, or psychiatrist, etc. Provider change is when they want to move from the agency.

Q:/ What if the client decides that he or she wants a new therapist?

A:/ Yes, still do the form, just mark off service provider.

Q:/ Is this form to be filled out only if they request to be transferred not because the therapist left the agency?

A:/ Correct; only if the consumer requests a change within the agency. Form needs to be in the lobby for clients to have access.

It is important to have it completed, because on the 10<sup>th</sup> of each month, you'll complete a monthly report that will be sent to PRO office that will be compiling into one whole report that is sent to the State in a yearly/quarterly report. Why is this important? Because it reflects how many changes of providers have been requested per agency. And if it looks high over month to month, that might be investigated by QI or PRO. Keep the change of provider forms in a separate file in the admin office, not in the client's folder. In 2016 there will be an audit to see if you've been keeping these forms.

**DMH P&P 202.43: Scheduling Clinical Appointments and Associated Documentation:**

The State has mandated that each mental health clinic has to identify time limit for services. It is a very important issue. It hasn't been defined for many years yet. It is the policy that when someone gets out of the hospital, he/she is seen within.

What is State mandated? Upon opening a new chart, the following needs to be offered to consumers: 1) the Medi-Cal beneficiary Acknowledgement; and 2) The Provider Directory by Service Area. This also needs to be tracked.

Q:/ What if they've had services somewhere else? Do we still need to offer it to the consumer?

A:/ Yes, if the consumer is new to you, you need to offer it.

Q:/ Where is the form to be filed?

A:/ In the clinical chart and in an administrator chart. Why because patient's rights will be calling in 2016 asking for all these kinds of files. Patients' Rights has been identified for the local mental health to do the monitoring and oversight. All DMH and all Contracted Providers.

Q:/ Is DHCS a new thing?

A:/ Department of mental health was absorbed by the Department of Health Care Services, and it's a program within but Department of Health Care Services is more stringent on things. This is why on the new audit year we are trying to make sure we are in compliance.

This form is going to be used by the DMH clinics and for Providers, you can create this one or make your own, but QI is deciding what the finalized version will be. Offer it, document, and file. It can be added to the progress notes or anywhere, as long as it is filed somewhere in the chart.

**What forms need to be in the lobby?**

- Grievance form in the threshold language that your service area services. (Note from SA 8 Liaison: For SA 8, the threshold languages are Spanish and Khmer)
- The Grievance and Appeal Procedures brochure
- Provide consumers with envelopes
- HIPAA Privacy Complaint form (make available in all languages)



- Change of provider form
- Poster of recertification – a newly updated copy is now available

Forms are available online on the DMH website. DMH is in the process of providing all providers with envelopes.

#### **NOTICE OF ACTION FORMS**

There are 2 notice of action forms. Notice of Action A and E.

#### **Notice of Action-A (NOA-A):**

NOA-A is an assessment form. If a consumer walks into your office and you do an assessment and you decide that they don't meet the criteria, you state what the reason is and check the box that states what the reason is. Once that is decided you make sure you attest that you've given them the form and the grievance and appeal procedure booklet. After attesting, sign and date and fax to the Patients' Rights office within a day, two or three, but make sure you fax it.

Q:/ Is this filed separately?

A:/ Yes, it is filed separately in an administrator chart. This is a state of California mandate. If you are not able to give the NOA-A to the consumer at the end of the day, you have three mailing days to mail it to their home.

Q:/ What if you open up a case and you do an assessment and you thought they qualified for services but they don't qualify and you close the case? Do you give them the forms too?

A:/ You can do an assessment when they walk in and then you give them the form.

Q:/ Faxing the notice of action to PRO is it for directly operated clinics only or for all agencies?

A:/ It's for all directly and contracted agencies. Forms are kept in a folder, and if the State asks, PRO pulls them out and faxes to the state. Fax to the Patients' Rights Office to the attention of Martin. If you send a change of provider form, everyone in the office knows they go to Ted or if you fax any other form, they know who the form goes to.

Q:/ If we get referrals from DCFS, do we still fill out an NOA form? Or what if clients are referred out?

A:/ If you deem the client does not meet medical necessity, then you need to provide this form. Basically this states the rights of the consumer or soon to be consumer.

Q:/ But since sometimes we need to serve them because they fall into the criteria of WRAP, under DCFS?

A:/ What this form is saying is "I'm not providing your services."

Q:/ Do we fax both the NOA-A and NOA-E forms to PRO?

A:/ Yes, you fax both

Q:/ In addition to this do we keep a log?

A:/ No, there is no need to log it, but it needs to be kept in an administrative file. However, for the NOA-E you do need to keep a log.

The state doesn't say you have to log these, but they do want to know who the keeper is, and we are the keeper. Each agency needs to have a keeper and usually it is the program manager. NOA-A and NOA-E is for outpatient programs only.

It is important you give them a copy of the NOA-A form because it gives them choices. They can file for an appeal through the patients' rights office and get a second opinion. We arrange for another provider to assess them and they can have a state bearing hearing. But usually we want them to go to the appeal process before because the state will ask for evidence of this action.

If you have a problem, refer them to the Patients' Rights office and we can guide them.

**Notice of Action-E (NOA-E) Form:**

The NOA-E is an action defined by the DMH policy which says that if a consumer is not given services within 30 days, he/she is to be given this form regardless if they agree to take an appointment within 30 days or two months. Therefore, this form has to be issued. The consumer doesn't have to take any further steps if he/she doesn't want to. The state mandates that this form be given to them within 30 days.

Q:/ do you give them an appointment within two months and they agree to, or if you give them an appointment within 30 days but they want it later... then no?

A:/ the notice of action is a response that you are not able to give them an appointment

Q:/ so if they client is given an appointment within 30 days but the client says, no give it to me 40 days later, then do we give them this form?

A:/ No, you don't have to give this form to them, but you do have to document in the initial request log and as long as you offer the appointment earlier than 30 days.

Q: Let's say that an agency is currently (*unable to hear question*). Is that going to be a problem?

A:/ No, there won't be a problem with Patients' Rights, but at DMH level. So if services are not being able to be given within 30 days, DMH will look into it. It is more of a QIC issue, Quality assurance... why is it that this service area has such a problem giving services within 30 days. So, if it's a capacity issue, then more staff needs to be hired, and changes and adjustments need to be made.

NOA-E is not available in Spanish.

Q:/ What is the wait period for clients that are discharged from the hospital? Is there a policy? What if anything can this person (*unable to hear question*) or is there anything agencies can do to expedite the wait period?

A:/ The wait period after being discharged from the hospital is 7 days regardless. It is written in the policy. If you encounter a problem you need to contact QA/QI.



Contact the SA 8 Administration office if you're having difficulty getting a placement after being discharged. Call the adult navigators and they'll help especially if you're having problems with an agency.

Q:/ If you have a service provider calling trying to find services for a client, and you are not able to provide them services within 30 days, do we give them the NOA-E form?

A:/ No, unless you speak to the client, because only a clinician can determine if the client meets medical necessity.

Q:/ What if a DCFS representative is calling on behalf of a client or a regional center is calling on behalf of someone who can't really call to get an appointment on their own?

A:/ If you don't speak to the client and you give them an NOA-A and they call the Patients' Rights office and we open an appeal, we will call your office and ask did you speak to the consumer? We'll ask how did you decide he did not meet medical necessity? Then we submit the appeal to the state and the state will ask who did the assessment? Well, nobody did. But that's how far it can go, so to determine medical necessity you need to speak to the client. NOA-E you don't have to talk to the client, that's your decision but not on the NOA-A. It all comes down to 30 days from the time that you speak to them, not when the referrals come in because they can sit on your desk for days before you get to them.

Q:/ Can you differentiate between types of service requests, like when someone calls and says I'd like to get mental health services and need to see the psychiatrist, you can give them an apt within 30 days...but...

A:/ the 30 days basically says that you are going to open their case in 30 days. You still have to provide the notice of action.

Q:/ What if someone is calling and you can't give them an appointment because they don't meet your criteria for service? Do you give them the form?

A:/ No, you only give it if you offer the service.

Q:/ What if you have an appointment available within 35 days and not 30 days and they want it... do we still give this form to them?

A:/ Yes, you give them the form. It's what the state mandates; it gives them the right to choose if they want to be served sooner or not, but for the Patients' Rights portion of it is to provide them with their options, provide them with what the state says.

You need to fax the NOA-A to patients' Rights office, and the day you decide you're going to issue one of these forms, you have three days to put it in the mail.

Q:/ what if an Officer of the Day tells the client I can't give you an appointment right now, but come on walk-in day, and once they walk-in and you screen but we can't give you the appointment right now but until 30 days from now, do they give the client the NOA-A form right then and there?

A:/ Yes, it's when you give the assessment and you give the appointment date and time. In the logs there is a place for recording the date and time. Do you do assessments over the phone? Depending how you do it, it's when you decide no appointment/yes

appointment. Some agencies do a screening over the phone, and then when they walk in they do an assessment for medical necessity. That's when you give the form to them.

Q:/ so if you decide over the phone that the person is going to be assessed but you don't have an appointment until 40 days from the assessment date. Do you mail the form to them?

A:/ Yes, within three days of setting the appointment

Q:/ What if they don't have an address because they're homeless?

A:/ Document – unavailable to mail because they're homeless

END TRANSCRIPT